

ENTRY BLANK—PLEASE TYPE OR PRINT

#6

☐ Ms./Artist

☒ Mr./Artist

HAL SHUNK

(last name last)

Permanent Address

400 LINTON DR WILMINGTON

Street

City

45177

Daytime Tel. (513) 382-6471

Zip

area

Temporary or Studio Address

SAME

Street

City

Daytime Tel. ()

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county where you born? CUYAHOGA

Collaborator (if any)

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Hal Shunk

I have received the unsold/unaccepted object(s) in good condition.

Signature

Adm P. Shunk

ENTRY BLANKS

A

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

ACRYLIC

Title

ABUNDANCE

42" x 70"

Price or NFS

\$600.00

Insurance Value
if NFS Only

Size

~~3' x 5'~~

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

130(1)

ACCEPTED

X

NOT ACCEPTED

B

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

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For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE
IN THIS SECTION

131(1)

ACCEPTED

NOT ACCEPTED

X

RECEIVED

AB

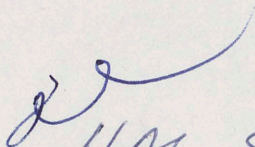
DATE

3-21

1987 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

421-7340



HAL SHUNK

Name

400 LINTON DR. APT #8

Address

WILMINGTON, OHIO

45177

City & State

Zip

NOTIFICATION #2

**Do Not
Detach**

A

☒ Paintings

☐ Graphics

☐ Photography

☐ Sculpture

☐ Crafts

Title

ABUNDANCE

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
130(1)	X	

B

☒ Paintings

☐ Graphics

☐ Photography

☐ Sculpture

☐ Crafts

Title

ABSENCE

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
131(1)		X

Return of Objects

Not Accepted: April 14-18

Accepted: June 9-13

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

Sister will
pick up reject
Thursday ⁴/₂₃